

For Office Use Only:	
Customer ID:	Equifax Authorization:
Location ID:	# of Installments:
Deposit: \$	Representative:
Cut on Date:	

Marietta, Georgia 30060 (770) 794-5150 P (770) 794-51		Cut on Date:			
APPLICATION FOR RE	ESIDENTIAL UTIL	ITY SERVICE			
NAME OF APPLICANT:					
	First	Middle	Maiden	Last	
SERVICE ADDRESS:	Street Address			_OWN □	RENT □
	Street Address				
	City	State	Zip	_	
BILLING ADDRESS:				_	
	Street Address				
	City	 State	Zip	_	
E-MAIL ADDRESS:	•				
E-MAIL ADDRESS				_	
SS#://			DRIVER'S LICENS	E#:	
DATE OF BIRTH:			PHONE#:		
EMPLOYER:			PHONE#:		
SERVICE(S) REQUEST	ED				
DATE SERVICE REQUESTED:					
ELECTRIC  WATER [	□ SEWER □	SANITATION [	SECURITY LIG	HTS □ IR	RIGATION
HAVE YOU HAD SERVICE WIT	H MARIETTA POWER BE	EFORE? YES □ N	$O \square$ If yes, please con	nplete previous a	ddress below:
PREVIOUS ADDRESS:					
MARITAL STATUS:MARRIEDSEPARATED OR WIDOWDIVORCEDSINGLE	ED				
SPOUSE'S NAME:			SPOUSE'S SS#:	/	/
SPOUSE'S PHONE#:			SPOUSE'S DATE OF	BIRTH	
OTHER ADULT IN HOUSEHOLE	D:				
OTHER ADULT DATE OF BIRTH	Н:	OTHER ADUL	T PHONE#:		
I understand the following: (1) falsificat charge of \$25.00 to initiate utility service service; (4) failure to pay my final bill a hereby acknowledge that I authorized M	ce in my name; (3) failure to pa after any deposit refunds will re	y my utility accounts in a sult in the account being	submitted to collections. I	wer policies will re will, as a result, in	esult in discontinuance of

SIGNATURE	DATE